

Teaching Experience

Beginning date of teaching Qigong (month/year): _____

Teaching schedule:

Course/Subject	Duration / Frequency	Student Population	Organization/Location

Please tell us more about your teaching experience:

Name: _____ Date: _____

Signature: _____

For questions please contact:

Jeremy Harlow: jeremy@danceswithspirit.com / 410-409-4803

Karl Ardo: karl@movinginstillness.com / 410-772-0083

Payment

Payment will be made when applicant has successfully fulfilled requirements. Applicant will make the payment to Moving in Stillness LLC after the application is approved and will mail the payment to below address.

Mailing address: Moving in Stillness LLC

10537 Catterskill Ct.

Columbia MD, 21044

Completed application

Mail signed application to: Jeremy Harlow

4935 Lockard Dr.

Owings Mills, MD 21117